

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA

Application for Mediators

Please complete the entire application, using additional paper if necessary. You may also attach a resume.

Name: Thomas S. Tisdale, Jr.

Firm or Office Name: Young, Clement, Rivers & Tisdale

Office Address: 28 Broad Street, Charleston, South Carolina 29401

Office Phone: (803) 724-6650 Office Fax: (803) 724-6600

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1964 I.D. No.: _____

Date admitted to the South Carolina Bar: 1964 Bar No.: 005584

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): Court of Appeals,
Fourth and Federal Circuits, U.S. Supreme Court

Membership and positions held in bar, ADR and professional associations: past president, S.C. Bar

Are you a member in good standing in each jurisdiction where admitted to practice law? ☒ yes ☐ no

Are you currently the subject of any pending disciplinary proceeding in any jurisdiction? ☐ yes ☒ no

Have you, within the last 5 years, been denied admission to a bar for character or ethical reasons or disciplined for professional misconduct? ☐ yes ☒ no

EDUCATION

Year law degree received 1964 Law School University of South Carolina

Other professional degrees received (including year and school): _____

LEGAL EXPERIENCE (A minimum of 5 years of law practice required)

Summarize legal experience (including teaching) since admission to the bar, particularly in the past five years:

Extensive trial experience in State and Federal Courts and in numerous

arbitration proceedings - 30 years experience

Percentage of practice in last 5 years representing plaintiff 25 % or defense 75 %

Percentage of Federal or State court practice in last 5 years: Federal 65 % State 35 %

Number of years engaged in active litigation: 30

EXPERTISE

Indicate all substantive areas in which you have expertise. Place a "1" by your strongest area(s) and a "2" by all other areas in which you have expertise. (Do not rank beyond "1" and "2.") After any category you have marked, please identify any sub-areas of expertise you have (e.g. "medical malpractice" after Personal Injury).

<u> </u> Admiralty	<u> </u> Security or Shareholders suits
<u> </u> Antitrust	<u> </u> Labor
<u> 2 </u> Contracts	<u> </u> ERISA
<u> 2 </u> Environment	<u> </u> Wrongful Termination
<u> </u> Fraud or Civil RICO	<u> </u> Civil Rights in Employment
<u> </u> Insurance	<u> </u> Other Civil Rights
<u> </u> Miller Act	<u> 2 </u> Copyrights
<u> 2 </u> Personal Injury	<u> 2 </u> Patent
<u> 1 </u> Product Liability	<u> 2 </u> Trademark
<u> </u> Other (specify) _____	

Publications: _____

MEDIATION EXPERIENCE

Mediation experience (particularly in the subject matter categories above): I have mediated cases in
areas of products liability and contracts.

Other courts or organizations for whom you serve as a mediator: State Court, South Carolina

Number of mediations conducted: 6

MEDIATION TRAINING

<u>Course</u> <u>Provider</u>	<u>Course</u> <u>Content</u>	<u>Date</u>	<u>Place</u>	<u>No. of</u> <u>Hours</u>
Charleston County	General	1992	Charleston	6

Are you familiar with the statutes, rules and practice governing mediation conferences in the District of South Carolina? X yes no

I have acted as a mediator in several State and Federal cases; and I have been
counsel in many cases referred for mediation.

X Columbia X Charleston ___ Greenville ___ Florence
Other _____

How do you bill for travel? (explain): as incurred

I certify that the foregoing is true and correct.

U.S. District Court
Mediation
1845 Assembly Street
Columbia, SC 29201-2431

7195

SUPPLEMENT

UNITED STATES DISTRICT COURT DISTRICT OF SOUTH CAROLINA

Application for Mediators

Please complete the entire application, using additional paper if necessary. You may also attach a resume.

Name: Thomas S. Tisdale, Jr.

Firm or Office Name: Young, Clement, Rivers & Tisdale, L.L.P.

Office Address: 28 Broad Street, Charleston, SC 29401

Office Phone: 843-724-6650 Office Fax: 843-579-1338

email address: tst@ycrt.com

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1964 I.D. No.: _____

Date admitted to the South Carolina Bar: 1964 Bar No.: _____

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): _____
Court of Appeals, Fourth and Federal Circuits, and U.S. Supreme Court

Membership and positions held in bar, ADR and professional associations: _____

Are you a member in good standing in each jurisdiction where admitted to practice law? X yes _____no

Are you currently the subject of any pending disciplinary proceeding in any jurisdiction? _____yes Xno

Have you, within the last 5 years, been denied admission to a bar for character or ethical reasons or disciplined for professional misconduct? _____yes Xno

EDUCATION

Year law degree received 1964 Law School U.S.C.

Other professional degrees received (including year and school) _____

LEGAL EXPERIENCE (A minimum of 5 years of law practice required)

Summarize legal experience (including teaching) since admission to the bar, particularly in the past five years:

Extensive trial experience in State and Federal Courts and in numerous
arbitration proceedings - 35 years experience

SUPPLEMENT

Percentage of practice in last 5 years representing plaintiff 25 % or defense 75 %

Percentage of Federal or State court practice in last 5 years: Federal 80 % State 20 %

Number of years engaged in active litigation: 35

EXPERTISE

Indicate all substantive areas in which you have expertise. Place a "1" by your strongest area(s) and a "2" by all other areas in which you have expertise. (Do not rank beyond "1" and "2.") After any category you have marked, please identify any sub-areas of expertise you have (e.g. "medical malpractice" after Personal Injury).

<u> </u> Admiralty	<u> </u> Security or Shareholders suits
<u> </u> Antitrust	<u> </u> Labor
<u> 2 </u> Contracts	<u> </u> ERISA
<u> 2 </u> Environment	<u> </u> Wrongful Termination
<u> </u> Fraud or Civil RICO	<u> </u> Civil Rights in Employment
<u> </u> Insurance	<u> </u> Other Civil Rights
<u> </u> Miller Act	<u> 2 </u> Copyrights
<u> 2 </u> Personal Injury	<u> 2 </u> Patent
<u> 1 </u> Product Liability	<u> 2 </u> Trademark
<u> </u> Other (specify) _____	

Publications: _____

MEDIATION EXPERIENCE

Mediation experience (particularly in the subject matter categories above): I have mediated cases in areas of products liability and contracts.

Other courts or organizations for whom you serve as a mediator (please note any certifications): State Court, SC

Number of mediations conducted: 6 Number of other ADR sessions conducted: _____

MEDIATION AND OTHER ADR TRAINING

<u>Course Provider</u>	<u>Course Content</u>	<u>Date</u>	<u>Place</u>	<u>No. of Hours</u>
Charleston County	General	1992	Charleston	6
SCCCR	Certified State/Fed Court Mediator	1999	Charleston	40

SUPPLEMENT

OTHER INFORMATION

Are you familiar with the statutes, rules and practice governing alternative dispute resolution in the District of South Carolina? X yes no

Other relevant experience or skills or other information you would like considered in connection with this application:

I have acted as a mediator in several state and federal cases; and I have been
counsel in many cases referred for mediation.

Cities in which you are available to conduct mediation:

 X Columbia

 X Charleston

 Greenville

 Florence

Other _____

Fees charged:

Hourly Rate: \$ 225 Minimum charge each mediation: \$ _____

How do you bill for travel? (explain): as incurred

I agree to: (1) Be subject to the Rules of Professional Conduct, Rule 407, South Carolina Appellate Court Rules; the Rules for Lawyer Disciplinary Enforcement, Rule 413, South Carolina Appellate Court Rules; and the Local Rules of the District Court; (2) Provide mediation to indigents without pay if ordered by the Court; (3) Notify the Alternative Dispute Resolution Program Director of any change in the above facts or otherwise in my ability to perform duties as a mediator; (4) Disclosure of information contained in this application to litigants and other members of the public.

I certify that the foregoing is true and correct.

Signature: *M. Mullis* Date: 9/5/2000
Applicant

Return completed application to:
Danny H. Mullis, Director
Alternative Dispute Resolution Program
United States District Court
Post Office Box 835
Charleston, SC 29402-0835

Reviewed: _____ Date: _____
ADR Program

Approved: Initially approved by
Judge Norton 10/16/95 Date: _____
_____ Judge